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**The State of Competition in the
Small Employer Carrier Health Insurance Market
in the State of Michigan**

A Market Competition Study issued by Commissioner R. Kevin Clinton

June 2011

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Office of Financial and Insurance Regulation

Historically, government regulated insurance, securities, and financial institutions (banks, consumer finance companies and credit unions), separately. A Depression era federal law known as the Glass Steagall Act (adopted in response to the bank failures following the 1929 stock market crash) specifically prohibited a bank from offering securities and insurance products or engaging in commercial banking. The federal Financial Services Modernization Act of 1999, also known as the Graham Leach Bliley Act (GLBA) repealed the Glass Steagall Act barriers and allowed financial services holding companies to engage in any activity financial in nature so long as it did not cause a safety or soundness issue to the overall financial system.

With changing complexities in insurance, banking and securities, the old-fashioned regulatory model could not keep pace with the marketplace. Michigan became the first state to coordinate the regulation of insurance, financial institutions and securities into one governmental agency, under a single commissioner, consistent with financial services modernization. Effective April 2000, the Office of Financial and Insurance Services (OFIS) was created by executive order to consolidate the bureaus of Insurance and Financial Institutions, and the Securities Division of the former Corporations, Securities and Land Development Bureau. The creation of OFIS allowed Michigan regulators to become adept at interpreting and regulating complex financial service entities which had not existed previously.

On April 16, 2011, Governor Rick Snyder appointed R. Kevin Clinton as Commissioner of the Office of Financial and Insurance Regulation (OFIR), previously known as OFIS. As his first priority, Commissioner Clinton will make sure consumers are protected by ensuring financial institutions are sound and lead the effort to eliminate burdensome regulations that are preventing the industry from growing.

Today, OFIR is responsible for the regulation of Blue Cross Blue Shield of Michigan (BCBSM), 25 health maintenance organizations (HMO), 114 state chartered and savings banks, approximately 171 domestic and 1,458 foreign insurance companies, 202 credit unions, 1,778 investment advisers, 1,969 securities broker-dealers, 6,172 consumer finance lenders, 194,835 insurance producers, and 131,194 securities agents, 9,214 investment advisor representatives, 3,958 mortgage licenses and registrants, 656 deferred presentment companies, and 2,387 other consumer finance-related entities. The OFIR licenses, registers, or charters these entities, conducts safety, soundness, and compliance examinations, and protects and educates Michigan consumers of financial services. Through adaptability and consumer communication, the Commissioner and staff of the OFIR strive to be the preeminent financial services regulator in the United States.

Executive Summary

On July 21, 2003, Public Act 88 was adopted that added Chapter 37 to the Michigan Insurance Code of 1956, Michigan Compiled Laws (MCL) 500.3701 et seq. The legislation had an effective date of January 23, 2004.

Michigan Compiled Laws 500.3721 requires the Commissioner to issue an annual report and certify whether a reasonable degree of competition exists in the small employer health benefit plan market on a statewide basis. This is the fifth annual report issued by the Commissioner measuring the degree of competition in the small employer health benefit plan market. Previous reports found that a reasonable degree of competition existed on a statewide basis.

For the calendar year ending December 31, 2010, the Commissioner concludes that there is a reasonable degree of competition in the small employer health benefit plan market on a statewide basis in Michigan. This report shows that there is carrier dominance in the small employer health benefit plan market, but also shows that the market is dynamic with new carriers entering and exiting and that market share fluidity exists. The Commissioner finds that there is an availability of carriers and carrier types, benefit and price options, and that the availability extends to all geographic regions for all small employer types within the state.

Table of Contents

Introduction.....	5
Data Collection.....	5
Standards of Competition Applied in this Study.....	6
Data Analysis.....	6
Conclusions.....	13
Certification.....	14
Appendix A:	
Small Employer Health Insurance Data for 2010.....	15

Introduction

Chapter 37 of the Michigan Insurance Code of 1956 provides the regulatory framework for small employer health benefit plans. Among other things, it provides certain protections that already existed under the federal Health Insurance Portability and Accountability Act (HIPAA) for guaranteed issuance of health care coverage in the small employer health benefit plan market as well as rating limitations for small employer health benefit plans. Small employers are defined under MCL 500.3701(p) as:

“.....any person, firm, corporation, partnership, limited liability company, or association actively engaged in business who, on at least 50% of its working days during the preceding and current calendar years, employed at least 2 but not more than 50 eligible employees. In determining the number of eligible employees, companies that are affiliated companies or that are eligible to file a combined tax return for state taxation purposes shall be considered 1 employer.”

Pursuant to MCL 500.3721(1), the Commissioner of the Office of Financial and Insurance Regulation (OFIR) is required by May 15, 2007, and each May 15 thereafter, to issue an annual report and make a determination whether a reasonable degree of competition in the small employer health benefit plan market exists on a statewide basis in Michigan. Section 3721(1) requires that the report be based on relevant economic tests, including those stated in section 3721(3) and that the report's findings shall not be based on any single measure of competition, but appropriate weight shall be given to all measures of competition.

Data Collection

Financial data was collected and reviewed from the quarterly and annual financial statements that carriers are required to file with OFIR. Michigan requires all insurers with any type of accident and health authority under the Michigan Insurance Code to submit the Michigan Health Insurance Enrollment, Premiums and Losses form (FIS 0322).

- On the FIS 0322, carriers report the number of policies in force, member months, lives insured, and the amount of direct premiums written and direct losses paid. Data from the FIS 0322 as well as company financial statements are being used to evaluate the state of competition in the small employer health carrier benefit market. All the information used to measure market share was taken from the FIS 0322s. The summary of this data is included at the end of this report in Appendix A.

Standards of Competition Applied in this Study

Michigan Compiled Laws 500.3721(3) states all of the following shall be considered by the Commissioner for the purpose of determining whether a reasonable degree of competition exists in the small employer carrier health benefit plan market on a statewide basis:

Factors

- (a) The extent to which any carrier controls all or a portion of the small employer carrier health benefit plan insurance market;**
- (b) Whether the total number of carriers writing small employer health benefit plan coverage in Michigan is sufficient to provide multiple options to small employers;**
- (c) The disparities among small employer health benefit plan rates and classifications to the extent that such classifications result in rate differentials;**
- (d) The availability of small employer health benefit plan coverage to small employers in all geographic areas and all types of business;**
- (e) The overall rate level must not be excessive, inadequate, or unfairly discriminatory; and**
- (f) Any other factors the Commissioner considers relevant.**

Data Analysis

Factor (a) The extent to which any carrier controls all or a portion of the small employer carrier health benefit plan market;

In order to measure the degree to which any carrier controls a portion of the small employer health benefit plan market, an analysis was performed using the following indicators:

- Member months
- Michigan direct premiums written
- Policies in force
- Number of lives insured
- Michigan direct losses paid

Figure 1: 80% or above Market Share per Measurement Used

2010 SMALL EMPLOYER HEALTH BENEFIT CARRIERS	Member Months	Direct MI Premiums Written	Policies in Force	Number of Lives Insured	MI Direct Losses Paid
Blue Cross and Blue Shield of Michigan	37.6%	41.1%	48.2%	37.4%	38.1%
Priority Health	18.7%	15.5%	23.2%	18.9%	17.3%
Blue Care Network of Michigan	8.7%	9.2%	11.6%	8.6%	8.7%
Priority Health Insurance Company	5.4%	5.2%	7.1%	5.7%	6.1%
Physicians Health Plan of Mid-Michigan	4.5%	5.8%	0.5%	4.4%	6.5%
Alliance Health and Life Insurance Company	3.7%	2.7%	0.2%	3.8%	2.7%
Humana Insurance Company	3.3%	2.7%	0.4%	2.9%	2.8%
TOTALS	81.9%	82.2%	91.2%	81.7%	82.2%

Figure 1

The data consistently demonstrates that there is a high concentration of carriers that represent the top 80% of the market share in the small employer health benefit plan market.

Member Months

In 2010, the total of member months for all carriers equaled 8,135,106 compared to the 2009 total of 8,307,232. This is a decrease of 172,126 member months from the 2009 total. Seven carriers held 81.9% of the market share which is similar to 81.4% in 2009.

Michigan Direct Premiums Written

For all writers of small employer health benefit plans in 2010, Michigan direct premiums written totaled \$2,426,946,607 compared to 2009 direct premiums written of \$2,179,177,739. This is a \$247,768,868 increase from 2009. Six companies held 82.2% of the market based on premiums written compared to 80.7% in 2009.

Policies in Force

In 2010, the total number of policies in force was 256,606 compared to 257,614 in 2009. Eighty three percent of the policies were held by BCBSM, Priority Health, and Blue Care Network of Michigan.

Number of Lives Insured

The 693,027 total number of lives insured in 2010, an increase of 77,057 from last year, seven companies held 81.7% of the market, which was similar to the 81.8% of the market they held last year.

Michigan Direct Losses Paid

The total amount of direct losses paid in 2010 was \$2,018,599,339 in the small employer health benefit plan market. Seven companies paid 82.2% of those losses. This was an increase of \$206,547,335 over losses reported in 2009. This year's loss is 10.2% greater than the 2009 losses.

Figure 2: Carriers Comprising 80% Market Share by Member Months Per Year

Market Share Based on Member Months								
CARRIER	2003	2004	2005	2006	2007	2008	2009	2010
Aetna					2.7%	3.6%		
Alliance Health and Life Insurance								3.7%
American Medical Security Life Insurance	2.9%	3.1%	3.9%	2.9%				
Blue Care Network	7.2%	6.3%	7.8%	8.0%	12.8%	11.2%	10.8%	8.7%
Blue Cross BlueShield of Michigan	59.1%	59.1%	52.2%	42.8%	46.4%	49.4%	41.8%	37.6%
Care Choices				9.9%				
Health Alliance Plan	3.5%	3.1%						
Humana Ins. Co.			3.5%	2.8%	3.1%		3.5%	3.3%
Physicians Health Plan of Mid-Michigan								4.5%
Principal Life Ins. Co.			2.6%	3.3%	3.3%	3.2%	2.6%	
Priority Health	8.2%	9.3%	11.9%	11.5%	11.8%	9.6%	11.6%	18.7%
Priority Health Insurance Co.							3.1%	5.4%
Midwest Security Life Ins. Co.						3.0%		
U.S. Health and Life Ins. Co.							8.0%	
TOTALS	80.9%	80.9%	81.9%	81.2%	80.1%	80.0%	81.4%	81.9%

Figure 2

This report gives a historical perspective and analysis of market share based on member months. The 2010 data indicates seven companies held 80% of the market share similar to what the 2009 data showed. The member month's data indicates that in 2003, 80% of the market was controlled by only five writers of small employer health benefit plans.

Figure 2 illustrates that other carriers have been able to climb into the 80% market share bracket. One test of competition is measured by the ability to enter a market and the data from Figure 2 demonstrates that the ability to enter the market exists in Michigan. While BCBSM has consistently held the largest share of the small employer health benefit plan market, other insurers are also able to compete within the market as well as change their relative position within the market. The data reveals that relative to carrier market share expressed as member months, there is fluctuation in the market and there is an opportunity for new entities to compete.

Figure 2 continued

The data reveals the following:

- In 2010, seven entities controlled 80% of the market compared to six entities between 2006 and 2009.
- Five of the seven entities in 2010 were the same ones as reported in 2009.
- Blue Care Network, BCBSM, Physicians Health Plan of Mid-Michigan, Priority Health, and Priority Health Insurance Company are the top five market share holders for 2010.
- Three carriers have consistently held a place in the top 80% of market share for all of the tracking years; Blue Care Network, BCBSM, and Priority Health.
- BCBSM consistently ranked number one among carriers comprising 80% of the market share between 2003 and 2010 followed by Priority Health and Blue Care Network.
- In 2009, Principal Life Insurance Company and U.S. Health and Life Insurance Company were ranked in the 80% market share for member months. In 2010, both entities were no longer in the top 80% market share for this category.
- Alliance Health and Life Insurance, Physicians Health Plan of Mid-Michigan, Priority Health, and Priority Health Insurance Company all had an increase of market share in 2010.

Factor (b) Whether the total number of carriers writing small employer health benefit plan coverage in this state is sufficient to provide multiple options to small employers;

The FIS 0322 forms indicate 46 carriers offered coverage in the small employer health benefit plan market in 2010. In 2003, 43 carriers were writing in the small employer health benefit plan market. By 2006, that number had dropped slightly to 41. The 2007 data indicate that the market expanded to 54 carriers writing in the small employer health benefit plan market. Although there is fluctuation in the number of carriers in the small employer health benefit plan market, there appears to be adequate penetration of carriers to give small employers a choice of carrier, as well as type of carrier. Coverage may be obtained from entities that include a nonprofit health care corporation, HMOs, and commercial carriers.

Factor (c) The disparity among small employer health benefits plan rates and classification to the extent that such classifications result in rate differentials;

Prior to the implementation of Chapter 37, BCBSM varied the rates it charged to small employers based on the employer's industry classification, geographic area, and the participation rate of employees within an employer group choosing BCBSM. Health Maintenance Organizations could rate small employers based on the age, gender, industry, and geographic location of the group. Adjusting rates based on participation rates was not prohibited, but not used by HMOs. Commercial carriers were allowed to rate based on any of the above-named criteria, plus they were allowed to rate based on the health status of persons within the small employer group.

Michigan Compiled Laws 500.3705(2)(a) limits the rating classifications that may be used depending on the type of carrier. A nonprofit health care corporation is limited to industry and age only. For a HMO, only industry, age, and group size may be used. For commercial carriers, industry, age, group size, and health status may be used for determining premiums.

The premium data reveals that in spite of the rating limitations for a nonprofit health care corporation, it still maintains the largest market share for all values measured: member months, policies in force, lives covered, premiums written, and losses paid. The ability for HMOs to rate only on industry and age has not created an environment where HMOs cannot compete in the small group health benefit plan market. Although commercial carriers are the only carriers permitted to use health status as a rating factor, the commercial carrier premium data indicates that inflated premiums are not predominant in the small group market. The data supports the position that small employer health benefit plan market premiums are based on geographic location and plan design rather than rating factors.

Factor (d) The availability of small employer health benefit plan coverage to small employers in all geographic areas and all types of business;

Michigan Compiled Laws 500.3705(1) permits carriers to establish up to 10 geographic areas in Michigan for rating purposes. We have determined that there is adequate availability of small employer health benefit plan coverage to small employers in all geographic areas. Blue Cross/Blue Shield of Michigan must consider the entire state of Michigan as its geographic area for marketing. There are 10 HMOs offering small employer group health benefits. Commercial carriers are not limited to service areas so coverage by an authorized commercial carrier may be sold anywhere in the state where there is a sales force.

**Figure 3: Small Employer Carrier Health Coverage
Cost of Medical Care Compared to Average Premium**

Year	*Medical Care CPI Increase	**Average Monthly Premium	Percent Change in Average Premium
2003	3.70%	\$248.47	-
2004	4.20%	\$205.11	-21.10%
2005	4.30%	\$243.42	15.70%
2006	3.60%	\$250.54	2.80%
2007	5.20%	\$287.45	12.80%
2008	3.20%	\$277.17	-3.70%
2009	3.20%	\$262.32	-5.36%
2010	3.40%	\$298.33	13.72%

Source: Data submitted to OFIR by carriers on Form FIS 322 which appears in Appendix A.

*The Consumer Price Index (CPI) is based data from the U.S. Department of Labor, Bureau of Labor Statistics, on Annual Averages 2010, Table 1A; All Urban Consumers, percent change from 2009 to 2010.

**Average Monthly Premium calculated by taking the yearly total of direct premiums written and dividing by the yearly total of member months. (totals from Appendix A used for 2010 average monthly premium)

Factor (e) The overall rate level must not be excessive, inadequate, or unfairly discriminatory;

Strict standards for rate adjustments were added for all carriers in Chapter 37. All carriers were allowed to continue the practice of adjusting rates based on geographic location, with no carrier being allowed more than 10 geographic areas within the state. No geographic area could be smaller than an entire county. Also, the concepts of “rate bands” and “case characteristics” were introduced.

Within a geographic area, a carrier could only vary the rate it charged for a given benefit plan by a certain percentage. Within the band, rate variances could only be considered for specific case characteristics. The rate bands established under MCL 500.3705(2) for BCBSM and HMOs were +/- 35% of the average, or index rate. Commercial carriers were allowed more flexibility, and could vary their rate by +/- 45% of the established index rate for a given benefit plan.

In order to verify that small employer health carriers were compliant with these requirements, MCL 500.3715(2) required each small employer health benefit plan carrier to file with the Commissioner an actuarial certification each March 1st stating that the carrier is in compliance and the rating methods used by the carrier are actuarially sound.

Information from forms submitted by BCBSM as well as HMO carriers offer a wide range of products, rates and pricing options. The diversity of choices indicates that there is competition in the small employer health benefit plan carrier market as there was no sign of stagnation in the market. In Figure 3, the rate of change in the average premium increased each year from 2005 – 2007 then decreased slightly in 2008 and 2009. This year the rate of change increased to 13.72% from -0.536% in 2009. The average monthly premium has increased at a faster pace than the U.S. Bureau of Labor Statistics’ Consumer Price Index (CPI) for medical care in 2005, 2006, 2007, and 2010.

Factor (f) Other factors the Commissioner considers relevant.

Michigan has been monitoring the state of competition among small employer group health benefit plan carriers to measure what impact PA 88 of 2003 has had on this market. Historically, the market has been highly concentrated but there also has been evidence that competition within this market exists, even amid recent economic turmoil.

It is important to acknowledge the “Patient Protection and Affordable Care Act” (PPACA) and its likely effect on the small employer health insurance market in subsequent reporting periods. Some of the changes that are likely to impact the small employer group health market due to the PPACA include the introduction of health insurance exchanges in 2014; the expansion of eligibility under the Medicaid program causing some low wage earners to seek coverage under Medicaid or through subsidized coverage through the exchange; the creation of the Small Business Health Options Program (SHOP), an exchange exclusively for the use by small employers; the option for states to integrate their individual and small employer group markets in 2014; as well as tax benefits to employers who offer coverage and penalties for those who either choose not to offer coverage or offer plans that have a financial disadvantage to employees.

All of the changes in the PPACA will affect not only employees and employers, but carriers, policy makers and regulators. It will be interesting to see how these changes impact the state of competition in the small employer group health benefit market in Michigan.

Because so many differing economic factors are relevant, it is difficult to determine which factors had an impact on the state of competition in the small employer group health market. The following section will provide the findings and conclusions for carriers providing health benefit plans to small employers in Michigan in 2010; it will not attempt to explain its causation.

Conclusions

Consideration is given to each factor identified in Michigan Compiled Laws (MCL) 500.3721(3) for the purpose of determining whether a reasonable degree of competition exists in the small employer health benefit plan market.

In response to Factor (a) the Commissioner finds that while Blue Cross Blue Shield of Michigan is the dominant carrier in the small employer health benefit plan market, BCBSM's dominance has not prevented other carriers from entering, exiting, or changing relative positions in the market.

In response to Factor (b) the Commissioner finds that there are adequate numbers and types of carriers in the small employer health benefit plan market in Michigan.

In response to Factor (c) the Commissioner finds that the rate differentials seen in the small employer health benefit plan market are based on geographic location and plan design more than that of classifications.

In response to Factor (d) the Commissioner finds that small employer health benefit plans are available to all types of small businesses in all geographic areas in Michigan.

In response to Factor (e) the Commissioner finds that the overall rate levels were not excessive, inadequate, or unfairly discriminatory.

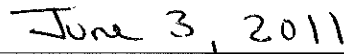
In response to Factor (f) the Commissioner recognizes the significance of the Patient Protection and Affordability Care Act and its likely impact on the small employer group health benefit market. It is likely that the landscape of competition within this market will change over the next several years.

Certification

Based on these conclusions as supported by the data found in this report, the Commissioner finds there is a reasonable degree of competition in the small employer health benefit plan market on a statewide basis.



R. Kevin Clinton
Commissioner



Date

Appendix A

SMALL EMPLOYER HEALTH INSURANCE DATA FOR 2010

Source: Data submitted to OFIR by carriers on Form FIS 0322

	2010 SMALL Employer Group Health Benefit Carriers	Polices in Force	Member Months	Member Lives	Direct Premiums Written	Direct Losses Paid	Entity Type
1	AETNA HEALTH INC.	0	0	0	\$0	\$25	HMO
2	AETNA LIFE INSURANCE COMPANY	673	133,916	14,079	\$39,032,902	\$30,609,777	INS
3	ALL SAVERS INSURANCE COMPANY	17	1,211	369	\$229,514	\$89,748	INS
4	ALLIANCE HEALTH AND LIFE INSURANCE COMPANY	573	304,596	26,373	\$65,692,654	\$54,846,781	INS
5	AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY	1,051	0	1,913	\$7,273,078	\$9,712,652	INS
6	AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY	0	0	0	\$15,902	\$5,102	INS
7	AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY	0	0	0	\$0	\$16,453	INS
8	BLUE CARE NETWORK OF MICHIGAN	29,820	707,053	59,518	\$222,316,133	\$174,642,852	HMO
9	BLUE CROSS AND BLUE SHIELD OF MICHIGAN	123,573	3,062,279	259,257	\$996,982,845	\$769,724,797	HMDI
10	COMPANION LIFE INSURANCE COMPANY	101	0	1,343	\$5,395,587	\$4,480,599	INS
11	CONNECTICUT GENERAL LIFE INSURANCE COMPANY	5	204	17	\$128,074	\$54,165	INS
12	CONSUMERS LIFE INSURANCE COMPANY	0	2	0	\$2,288	\$2,616	INS
13	FEDERATED MUTUAL INSURANCE COMPANY	387	70,054	6,413	\$17,991,828	\$1,378,020	INS
14	FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY	0	0	0	\$4,777	\$2,264	INS
15	GRAND VALLEY HEALTH PLAN	381	8,997	804	\$2,723,530	\$0	HMO
16	HEALTH ALLIANCE PLAN OF MICHIGAN	408	103,760	6,511	\$52,480,416	\$47,734,368	HMO
17	HEALTHPLUS INSURANCE COMPANY	2,797	66,685	6,075	\$22,641,915	\$26,600,139	INS
18	HEALTHPLUS OF MICHIGAN, INC.	3,016	77,220	5,970	\$23,984,664	\$24,752,568	HMO
19	HUMANA INSURANCE COMPANY	1,086	272,486	20,346	\$64,360,923	\$56,478,673	INS
20	JOHN ALDEN LIFE INSURANCE COMPANY	0	75,519	5,857	\$18,037,401	\$11,716,141	INS
21	JOHN ALDEN LIFE INSURANCE COMPANY	0	294	22	\$157,607	\$46,179	INS
22	LIBERTY UNION LIFE ASSURANCE COMPANY	666	81,610	6,638	\$18,219,443	\$13,688,543	INS
23	MADISON NATIONAL LIFE INSURANCE COMPANY, INC.	258	45,528	3,794	\$16,663,310	\$12,344,029	INS
24	MCCLAREN HEALTH PLAN, INC.	3,104	62,080	5,602	\$20,822,818	\$17,789,677	HMO
25	MIDWEST SECURITY LIFE INSURANCE COMPANY	190	70,932	1,616	\$19,044,484	\$18,979,755	INS
26	NIPPON LIFE INSURANCE COMPANY OF AMERICA	63	17,775	1,757	\$4,127,236	\$3,412,618	INS
27	PARAMOUNT CARE OF MICHIGAN, INC.	308	18,585	1,449	\$6,179,879	\$5,862,950	HMO
28	PARAMOUNT INSURANCE COMPANY	35	37,931	269	\$9,444,939	\$9,604,892	INS
29	PHIPM INSURANCE COMPANY	20	4,728	344	\$1,616,109	\$1,167,696	INS
30	PHYSICIANS HEALTH PLAN OF MID-MICHIGAN	257	38,713	2,794	\$19,777,346	\$18,828,241	HMO
31	PHYSICIANS HEALTH PLAN OF MID-MICHIGAN	1,273	367,652	30,163	\$140,183,521	\$131,015,136	HMO
32	PRINCIPAL LIFE INSURANCE COMPANY	1,137	140,990	9,597	\$37,101,615	\$29,652,062	INS
33	PRIORITY HEALTH	59,589	1,519,839	130,671	\$375,984,113	\$350,221,849	HMO
34	PRIORITY HEALTH INSURANCE COMPANY	18,121	439,791	39,568	\$124,993,325	\$124,131,105	INS
35	STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW	35	6,995	610	\$992,410	\$512,922	INS
36	TIME INSURANCE COMPANY	0	14,158	965	\$2,955,425	\$1,608,965	INS
37	TIME INSURANCE COMPANY	0	0	0	\$4,875	\$1,113	INS
38	TOTAL HEALTH CARE USA, INC.	5,280	90,043	8,157	\$26,251,540	\$19,842,390	HMO
39	TRUSTMARK LIFE INSURANCE COMPANY	90	15,172	1,466	\$0	\$2,562,336	INS
40	UNICARE LIFE & HEALTH INSURANCE COMPANY	0	3,134	0	\$827,931	\$843,747	INS
41	UNION SECURITY INSURANCE COMPANY	35	4,243	323	\$1,326,805	\$652,060	INS
42	UNITED HEALTHCARE INSURANCE COMPANY	2,250	216,205	28,357	\$49,820,649	\$33,567,509	INS
43	US HEALTH AND LIFE INSURANCE COMPANY	6	54,376	3,955	\$11,030,222	\$9,384,742	INS
44	WILTON REASSURANCE COMPANY OF NEW YORK	1	12	1	\$90	\$0	INS
45	WORLD INSURANCE COMPANY	0	324	64	\$130,532	\$63,994	INS
46	WORLD INSURANCE COMPANY	0	14	2	\$252	\$45	INS
	TOTALS	256,606	8,135,106	693,027	\$2,426,946,607	\$2,018,599,339	